

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CREATIVE WAYS CARE HOUSE (0010024)
Address: 1017 GALE STREET, OCONTO, WI 54153
License Status: REGULAR
Licensed/Certified/Registered 07/01/2005
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095135 **End Date:** 06/21/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009427 Served 07/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(8)	DOCUMENTATION		

Survey ID: 0093502 **End Date:** 10/05/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092587 **End Date:** 05/11/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006963 Served 05/22/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	10/05/2004	Yes
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	10/05/2004	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Survey ID: 0092290 End Date: 03/25/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006950 Served 04/08/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM	10/05/2004	Yes
83.11(3)(a)	RESPONSIBILITIES	12/15/2004	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	10/05/2004	Yes
83.20(2)(d)1	DEPARTMENT REVIEW OF DISCHARGE/TRANSFER	10/05/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	12/15/2004	Yes
83.33(2)(a)	SUPERVISION	12/15/2004	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	10/05/2004	Yes
83.33(2)(h)1	MEDICAL SERVICES	10/05/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	10/05/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	12/15/2004	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	10/05/2004	Yes
83.41(3)(c)	FURNISHING APPROPRIATE TO THE ROOM	10/05/2004	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	12/15/2004	Yes
83.41(9)	CLEANLINESS OF ROOMS	10/05/2004	Yes
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	10/05/2004	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Survey ID: 0091876 **End Date:** 12/03/2003 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006931 Served 02/02/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	03/25/2004	No
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/25/2004	No
83.14(1)(c)	UNIVERSAL PRECAUTIONS	03/25/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/25/2004	Yes
83.16(1)	ADMISSIONS AGREEMENT	03/25/2004	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	03/25/2004	Yes
83.21(4)(d)	VISITS	03/25/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	03/25/2004	Yes
83.33(3)(b)1	CONTROL	03/25/2004	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	03/25/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	03/25/2004	No
83.33(3)(f)3	DOCUMENT ACTIONS IN MEDICAL RECORD	03/25/2004	No
83.35(1)(e)	ADJUSTMENTS TO FOOD LIKES	03/25/2004	Yes
83.35(12)	PEST CONTROL	03/25/2004	No
83.41(10)(a)	BUILDING MAINTENANCE	03/25/2004	No
83.41(10)(d)	FURNITURE IN GOOD REPAIR	03/25/2004	No
83.41(10)(e)	STORAGE IN ORDERLY CONDITION	03/25/2004	Yes
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN	03/25/2004	No
83.41(9)	CLEANLINESS OF ROOMS	03/25/2004	No
83.43(3)(b)1	TESTING BY SERVICE COMPANY	03/25/2004	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	03/25/2004	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	03/25/2004	No

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Enforcement History

Date: 04/02/2004 SOD #10006950 Appealed: Yes Decision: STIPULATION

Sanctions

REVOKE LICENSE
NO NEW ADMISSIONS
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(4)(a)
FORFEITURE---83.20(2)(d)1
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.33(3)(e)5
FORFEITURE---83.41(10)(a)
FORFEITURE---83.41(10)(d)
FORFEITURE---83.41(5)(a)5
FORFEITURE---83.41(9)
FORFEITURE---83.51(1)(h)

Date: 01/29/2004 SOD #10006931 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.14(1)
FORFEITURE---83.21(4)(p)
FORFEITURE---84.41

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Complaint History

Date Complaint Received: 05/03/2004

Date Investigation Completed: 05/11/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/08/2004

Date Investigation Completed: 03/29/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10006950

Date Complaint Received: 10/30/2003

Date Investigation Completed: 03/05/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10006931
10006931
10006931
10006931

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